U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

E NETS ST			
1. File Number U - 805 I	2. Fiscal Year Covered From:		
	1 / 1 / 2004 Through: /2/31 / 2005		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name GARY PERINAR JR	Name CHICAGO REGIONAL COUNCIL OF CARPENTE		
	Labor Organization File Number OOI - 949		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 1103 CAMBRIDGE	Street /2 E. ERIE STREET		
city Shorewood	City CHICAGO		
State ILLINOIS ZIP Code + 4 60431	State ILLINOIS ZIP Code + 4 60611		
5. Position in labor organization.  ASSISTANT TO PRESIDENT			

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
Name and address of Employer (including trade name, if any).		7.a. Nature of Interest, Transaction, or Income.	
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
		7.b. Amount.	
Street			
City			
State ZIP 6	Code + 4		

## Signature

13. Signature and vernication. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information
submitted in this report (including the information contained in any accompanies described in this report (including the information contained in any accompanies
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Jan	Permas	0

On <u>8/1/05</u>

(312) 787-3076 Telephone Number

Name	- <b>(</b>	Tilin-
ivame	of Person	HIIING

GARY PERINAR JR

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name WHITFIEID & MEANN	a. Labor Organization		
Trade Name, if any:	b. Trust		
P.O. Box, Bidg., Room No., if any SUITE 2600	c. Employer		
Street /// E. WACKER			
City CHICAGO			
State TLLINOIS ZIP Code+4 60601			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.  CHRISTMAS HAM		
Name	Christinas Ithia		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar value of such dealing.		
City	12.a. Nature of interest held or income received.		
State ZIP Code + 4			
	12.b. Amount.		
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.		
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		



## DISCLAIMER

The transactions, dealings and interests that are detailed in the attached LM-30 Report represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will immediately file an amended LM-30 Report.

Lay Perma Ju 8/1/05 Signature Date